Rest Available Copy

									I '	Application o	DOCK	et Muniber		
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 1997									RD 09/115229					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							ımn 2)	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
FOR			NUMBER FILED			NUMBER I		RATE	FEE		RATE	FEE		
BASIC FEE										395.00	OR		790.00	
TOTAL CLAIMS				minus 20 =		*		×	(\$11=		OR	x\$22=		
INDEPENDENT CLAIMS			1	minu	s 3 =	*	x41=		OR	x82=				
MULTIPLE DEPENDENT CLAIM PRESENT										+135=		+270=	_	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL			OR OR	TOTAL	790.00		
CLAIMS AS AMENDED - PART II											,.	•	R THAN	
(Coli			mn 1)		(C	Column 2)	(Column 3)	SMALL		L ENTITY	OR			
ENT A	- 146 - 146 - 146 - 146 - 146	REMA AF	AIMS AINING TER DMENT		N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	13	Minus	**	20	=	×	(\$11=		OR	x\$22=		
MEN	Independent	*	2	Minus	***	3	=		x41=		OR	x82=		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-135=		OR	+270=		
(Column 1) (Column 2) (Column 3)									TOTA DIT. FE		OR	TOTAL ADDIT. FEE		
			IMN 1) AIMS			Column 2) IGHEST	(Column 3)			<u> </u>	1		1	
AMENDMENT B		REM/ AF	AINING TER IDMENT		N PRE	UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=	 	x\$11=		OR	x\$22=		
	Independent	*		Minus	***		=		x41=		OR	x82=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								⊦135=	:	OR	+270=		
	(Column 1) (Column 2) (Column 3)								TOTA DIT. FE		OR	TOTAL ADDIT. FEE		
AMENDMENT C		REM. AF	AIMS AINING TER IDMENT		N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=	[,	x\$11=		OR	x\$22=		
	Independent	*		Minus	***		=		x41=		OR	x82=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=											+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR												TOTAL ADDIT. FEE		
<u> </u>	tne "Highest Nui	inder Pro	iously Pa	aru FOI IN IMI d For" (Total o	o OMAI r Indan	oc is iess tilati endent) is the	ı 3, enter "3. hinhest number fo						· -	